U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/460	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name THOMAS RYAN	Name SEIU LOCAL 74	
	Labor Organization File Number 069-87	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 24-09 38TH AVE	Street 24-09 38TH AVE	
City LONG ISLAND CITY	City LONG ISLAND CITY	
State New York ZIP Code + 4 11101-3512	State New 'York ZIP Code + 4 11101-3512	
5. Position in labor organization. SECRETARY TREASURER		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.	
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	
monetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the	

1 11

Name of Person Filing THOMAS RYAN		File Number U-	<u></u> _
B. Held an interest in or der ncome or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any:	a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.	
Name	range party		-
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar valu	a of euch dealing	
City	12.a. Nature of interest held		Tomorphism and the contract
State ZIP Code + 4	property with any special conservations and	THE STATE COMMISSION OF STATE	
		· 	·
			-
	The state of the s	والمراوية أنجد منتقدة والمدمنية والمدمنية والمواقع والمارية والمراوية والمراوية	
	12.b. Amount.		Security of the second of the
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name SEIU LOCAL 74 PENSION FUND	DINNER; DISCUSSI	ION ON FLORIDA R	ETIREES WORKSHOP
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	-		
Street 24-09 38TH AVE			
City LONG ISLAND CITY			-
State New York ZIP Code + 4 10001	The state recovered transport to the state of the state o	and the state of t	to produce the second state of
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$130

Name of Person Filing THOMAS RYAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	(man my	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	{ C. Employer	
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		- - -
Trade Name, if any:		
promise to the same the same of the anti-same of the same of the s		To the second se
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	policies de la companya de la compan
City	12.a. Nature of interest held or income received.	e State Selfer Selfer and a self-real self-rea
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde	ur narte A and R above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	oderspreader in communication and a second of the second o
Name SEIU LOCAL 74 PENSION FUND	IFEBP 2005 REGISTRATION	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
. Book of the second of the se		
Street 24-09 38TH AVE		
City LONG ISLAND CITY		}
State New York ZIP Code + 4 10001	and the state of t	
13.b. Is the Business an Employer 🔀 or Consultant 🥛 ?	14.b. Amount of payment.	\$1,630

Name of Person Filing THOMAS RYAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer	
Value and pounts in the second	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	The Nature of Such Adentify	
Street	propries and a supervisor of a	The service of the se
City	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.	allocate defends and the same of the state of the same of the
State ZIP Code + 4		
	12.b. Amount.	Communication and a communication of the communicat
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	Functional action is a series of the contract
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. LUNCH: DISCUSSION OF MEDICAL B	ENEFITS
Name SEIU LOCAL 74 WELFARE FUND		
Trade Name, if any:	Action of the state of the stat	
P.O. Box, Bldg., Room No., if any		
Street 24-09 38TH AVE		
City LONG ISLAND CITY		en de la companya de
State New York ZIP Code + 4 10001		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$103

Name of Person Filing THOMAS RYAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	The second secon
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)	<u> </u>
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. JOB ADVERTISEMENT WITH THE IFEBP	: FOR
Name SEIU LOCAL 74 PENSION FUND	FUND ADMINISTRATOR POSITION	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 24-09 38TH AVE City LONG ISLAND CITY		
State New York ZIP Code +4 11101	to particular agreement communication of the control of the contro	de de la constanta de la const
13.b. Is the Business an Employer 🗶 or Consultant 🥛 ?	14.b. Amount of payment.	\$160

Name of Person Filing THOMAS RYAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	{~}
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	(_ i - c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	The second secon
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	ga nom realizada de forte que alta uma que esta con tra a sente que apparamentamentos entre a tente de transfer en en el con el
	12.b. Amount.
C. Received from any employer (other than an employer covered unde	r parts A and B above)
or from any labor relations consultant to an employer any payment of money	or other thing of value. 14.a. Nature of payment.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	IFEBP 2004 CONFERENCE : AIRFARE REIMBURSEMENT
Name SEIU LOCAL 74 PENSION FUND	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 24-09 38TH AVE	
City LONG ISLAND CITY	
State New York ZIP Code + 4 11101	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$322

Name of Person Filing THOMAS RYAN	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any:	9. Business deals with: a. Labor Organization	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.	
Street ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
No time of a form from a manufacture comment of the manufacture and the comment of the comment of the manufacture and the comment of the comm		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name BARRY BARNETT	MR. BARNETT AND I PLAY THE GUITAR. HE INVITED ME TO DINNER AND TO AN ERIC CLAPTON CONCERT AT MADISON SQUARE GARDEN IN MAY OR JUNE 2004. I DO NOT KNOW THE COSTS OF THE DINNER OR THE CONCERT. I HAVE KNOWN MR. BARNETT FOR OVER 20 YEARS.100.00	
Trade Name, if any: PRICEWATERHOUSECOOPERS	EST,	
P.O. Box, Bidg., Room No., if any		
Street 300 MADISON AVE		
City NEW YORK		
State New York ZIP Code + 4 10017	Control of the contro	
13.b. Is the Business an Employer \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14.b. Amount of payment.	